



# Maryland Department of Health and Mental Hygiene

## Vital Statistics Administration

Dear New Mother,

The Vital Statistics Administration of the Maryland Department of Health and Mental Hygiene issues your child's birth certificate. A birth certificate is the legal record of your child's birth. The birth certificate is used as proof of your child's age, citizenship, and parentage. The information that you provide is required under Health-General Code Ann. §4-203 (b). Unless you complete this form correctly, an accurate birth certificate for your child cannot be created.

Information such as education, race, smoking, height and weight before pregnancy are collected for public health purposes. Maryland laws protect against the unlawful release of birth certificate information to ensure the confidentiality of any information you provide.

In approximately four weeks, you will receive a Birth Registration Notice by mail telling you that your child's birth has been registered with the State of Maryland. This notice is not a certified copy of your child's birth certificate, and a certified copy of your child's birth certificate will not be sent to you automatically. The Birth Registration Notice that you receive will include instructions on how to purchase a certified copy of your child's birth certificate, if desired.

- It is very important that you provide complete and accurate information to ALL of the questions. Print all information clearly.
- This worksheet MUST be completed and returned to the Birth Registrar within 24 hours of the birth of your child.
- If you have any questions, please call the hospital Birth Registrar.

**Print all names exactly as you would like them to appear on the birth certificate .**

**1. What is the mother's current legal name?**

Mother's FIRST Name \_\_\_\_\_ Mother's MIDDLE Name \_\_\_\_\_ Mother's LAST Name \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_

**2a. What is your baby's legal name (as it should appear on the birth certificate)?** *Note: If this baby is one of a set of twins, triplets, etc., please fill out the Attachment for Multiple Births.*

Child's FIRST Name \_\_\_\_\_ Child's MIDDLE Name \_\_\_\_\_ Child's LAST Name \_\_\_\_\_ Child's Suffix (Jr., III, etc.) \_\_\_\_\_

☐ Name not yet chosen

**2b. Is your baby a boy or girl?**

☐ Boy ☐ Girl

**2c. What is your baby's date of birth?**

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_

**3. Where do you usually live—that is—where is your household/residence located?**

Complete number and street: \_\_\_\_\_, Apartment Number: \_\_\_\_\_  
(Do not enter rural route numbers)

City, Town, or Location: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(or U.S. Territory, Canadian Province)

Baltimore City ☐ or County (please specify): \_\_\_\_\_ If NOT United States, country \_\_\_\_\_

**4. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?**

☐ Yes ☐ No ☐ Don't know

**5. What is your mailing address?**

☐ Same as residence →

Street: \_\_\_\_\_, Apartment Number: \_\_\_\_\_  
(Complete street name & number. Do not enter rural route numbers)

City, Town, or Location: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(or U.S. Territory, Canadian Province)

County: \_\_\_\_\_ If NOT United States, country \_\_\_\_\_

6. What is your date of birth? Example: 3 / 4 /1977

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

7. In what State, U.S. territory, or foreign country were you born? Please specify one of the following:

U.S. State \_\_\_\_\_

→ Go to Question # 9

Or U.S. territory \_\_\_\_\_

*Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas*

→ Go to Question # 9

Or Foreign country \_\_\_\_\_ If Canada, please indicate province \_\_\_\_\_

8. If you were NOT born in the U.S. or in a U.S. territory, how many years have you been living in the United States?

\_\_\_\_\_  
Number of years

9. What is the highest level of schooling that you have completed at the time of delivery? Mark (X) ONE box only.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 8th grade or less            | <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Master's degree (e.g. MA, MS, MBA) |
| <input type="checkbox"/> 9th - 12th grade, no diploma | <input type="checkbox"/> Associate degree (e.g. AA, AS)     | <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD, JD)  |
| <input type="checkbox"/> High school graduate or GED  | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS)    |   |

10. Are you Spanish/Hispanic/Latina? Please mark (X) ALL that apply and specify where indicated.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> NO, not Spanish/Hispanic/Latina | <input type="checkbox"/> YES, Mexican, Mexican American, Chicana | <input type="checkbox"/> YES, other Spanish/Hispanic/Latina |
|  | <input type="checkbox"/> YES, Puerto Rican                       | (e.g. Salvadoran, Guatemalan, Nicaraguan)                   |
|  | <input type="checkbox"/> YES, Cuban                              | (specify) _____   |

11. What is your race? Please mark (X) ALL that apply and specify where indicated.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> Chinese                     | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Filipino                    | <input type="checkbox"/> Guamanian or Chamorro  |
| <input type="checkbox"/> American Indian or Alaska Native<br>(name of enrolled or principal tribe)<br>_____ | <input type="checkbox"/> Japanese                    | <input type="checkbox"/> Samoan                 |
|   | <input type="checkbox"/> Korean                      | <input type="checkbox"/> Other Pacific Islander |
|   | <input type="checkbox"/> Vietnamese                  | (specify) _____                                 |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Other Asian (specify) _____ | <input type="checkbox"/> Other (specify) _____  |

12. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

- ☐ Yes      ☐ No      ☐ Don't know

13. What is your height?

\_\_\_\_\_ feet \_\_\_\_\_ inches

14. What was your prepregnancy weight, that is, your weight immediately before you became pregnant with this child?

\_\_\_\_\_ lbs

15. Did you receive infertility treatment to help you get pregnant with your new baby? This includes fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination and assisted reproduction technology (ART) procedures (e.g., IVF, GIFT and ZIFT).

- ☐ Yes      ☐ No → Go to Question # 17

16. Did you use any of the following treatments to help you get pregnant with your new baby? Please mark (X) ALL that apply.

- ☐ Fertility-enhancing drugs, artificial insemination or intrauterine insemination - Any fertility-enhancing drugs (e.g., Clomid, Pergonal), artificial insemination, or intrauterine insemination used to initiate the pregnancy.
- ☐ Assisted reproductive technology - Any assisted reproduction technology (ART)/technical procedures (e.g., in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], [ZIFT] used to initiate the pregnancy).

**17. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods?**

*If you NEVER smoked, enter 0 for each time period.*

Time Period	Number of cigarettes per day	OR	Number of packs per day
3 months before pregnancy	_____		_____
First 3 months of pregnancy	_____		_____
Second 3 months of pregnancy	_____		_____
Third trimester of pregnancy	_____		_____

**18. Have you ever been married (now or in the past)?**

☐ Yes →

**18a. What name did you use prior to your first marriage?**

\_\_\_\_\_  
*Mother's FIRST Name      Mother's MIDDLE Name(s)      Mother's LAST Name      Suffix (Jr., III, etc.)*

**18b. Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?**

☐ Yes, and the father of the child is your husband → Go to Question # 20

☐ Yes, but the father of the child is NOT your husband → Please speak with the hospital Birth Registrar

☐ No

☐ No

**19. If you were NOT married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth, will you and the father be completing and signing an Affidavit of Parentage for this child?** An Affidavit of Parentage allows the father to accept legal responsibility for the child. If you are NOT married, and an Affidavit of Parentage will NOT be completed, information about the father CANNOT be included on the birth certificate. Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the Division of Vital Records.

☐ YES, an Affidavit of Parentage will be completed in the hospital *(please ask the nurse for the form)*

☐ NO, an Affidavit of Parentage will not be completed → Go to Question # 28a

**20. What is the current legal name of your baby's father?**

\_\_\_\_\_  
*Father's FIRST Name      Father's MIDDLE Name(s)      Father's LAST Name      Suffix (Jr., III, etc.)*

**21. What is the father's date of birth?** Example: 3 / 4 /1977

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Month      Day      Year*

**22. In what State, U.S. territory, or foreign country was the father born?** Please specify one of the following:

U.S. State \_\_\_\_\_

Or U.S. territory \_\_\_\_\_  
*Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas*

Or Foreign country \_\_\_\_\_ *If Canada, please indicate province* \_\_\_\_\_

**23. If the father was NOT born in the U.S. or in a U.S. territory, how many years has the father been living in the United States?**

\_\_\_\_\_  
*Number of years*

**24. If you are completing an Affidavit of Parentage, please provide the address and phone number information below.** The information that you provide is required for the Affidavit of Paternity form.

- What is the father's current address? \_\_\_\_\_  
(Complete street name & number)  
State: \_\_\_\_\_ County: \_\_\_\_\_  
(or U.S. Territory, Canadian Province)  
City, Town, or Location: \_\_\_\_\_, Zip Code: \_\_\_\_\_
- What is the father's phone number, including area code: (\_\_\_\_\_) \_\_\_\_\_
- What is your phone number, including area code? (\_\_\_\_\_) \_\_\_\_\_

**25. What is the highest level of schooling that the father completed at the time of delivery?** Please mark (✕) ONE box.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 8th grade or less            | <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Master's degree (e.g. MA, MS, MBA) |
| <input type="checkbox"/> 9th - 12th grade, no diploma | <input type="checkbox"/> Associate degree (e.g. AA, AS)     | <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD, JD)  |
| <input type="checkbox"/> High school graduate or GED  | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS)    |   |

**26. Is the father Spanish/Hispanic/Latino?** Please mark (✕) the appropriate box.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> NO, not Spanish/Hispanic/Latino | <input type="checkbox"/> YES, Mexican, Mexican American, Chicano | <input type="checkbox"/> YES, other Spanish/Hispanic/Latino<br>(e.g. Salvadoran, Guatemalan, Nicaraguan)<br>(specify) _____ |
|  | <input type="checkbox"/> YES, Cuban                              |   |
|  | <input type="checkbox"/> YES, Puerto Rican                       |   |

**27. What is the father's race?** Please mark (✕) ALL that apply and specify where indicated.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> White   | <input type="checkbox"/> Chinese                     | <input type="checkbox"/> Native Hawaiian                           |
| <input type="checkbox"/> Black or African American   | <input type="checkbox"/> Filipino                    | <input type="checkbox"/> Guamanian or Chamorro                     |
| <input type="checkbox"/> American Indian or Alaska Native<br>(name of enrolled or principal tribe) _____ | <input type="checkbox"/> Japanese                    | <input type="checkbox"/> Samoan                                    |
|  | <input type="checkbox"/> Korean                      | <input type="checkbox"/> Other Pacific Islander<br>(specify) _____ |
| <input type="checkbox"/> Asian Indian  | <input type="checkbox"/> Vietnamese                  |  |
|  | <input type="checkbox"/> Other Asian (specify) _____ | <input type="checkbox"/> Other (specify) _____                     |

Parent(s) are required to provide Social Security Number(s) (SSNs) under Federal Law, 42 USC 405(c)(section 205(c) of the Social Security Act. The number(s) will be made available to the Child Support Enforcement Agency to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

**28a. What is your SOCIAL SECURITY NUMBER?**

Mother's Social Security #: \_\_\_\_\_

**28b. What is the father's SOCIAL SECURITY NUMBER ?** If you are NOT married, and if an Acknowledgement of Paternity will NOT be completed, leave this item blank.

Father's Social Security #: \_\_\_\_\_

**29. Do you want a Social Security Number issued for your baby?** The Social Security Administration cannot mail a social security card to a mailing address that is not in North America, Puerto Rico, Canada, or Mexico. For further information, please contact the Social Security Administration.

- ☐ **Yes**—I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the Department of Health and Mental Hygiene to provide the Social Security Administration with the information from this form which is needed to assign a number. Either parent or the legal guardian may sign.

Signature of infant's mother or father or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

- ☐ **No**

**30. I verify that the information contained on this form is accurate.**

Signature of mother or individual completing the form \_\_\_\_\_ Date \_\_\_\_\_

**If you are the Mother, please STOP here. If other than the mother, please answer the following questions.**

**31a. If other than the mother, what is the name of the person providing information for this worksheet?**

First NAME \_\_\_\_\_ Middle NAME \_\_\_\_\_ Last NAME \_\_\_\_\_ Suffix (Jr., III, etc.) \_\_\_\_\_

**31b. What is your relationship to the baby's mother?**

- ☐ Father of baby ☐ Hospital employee ☐ Other relative ☐ Other, please specify \_\_\_\_\_